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DISTRIBUTIO				
SANTA FE				
FILE			مسمدسه	
U.S.G.S. LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OF	T			
OPERATOR PRORATION OFFICE Operator				

January 6, 1972

NEW MEXICO OIL CONSERVATION COMMISSION

ļ	DISTRIBUTION SANTA FE	1	ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110	
Ī	FILE		AND	Effective 1-1-65	
Ī	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	RECEIVED	
	LAND OFFICE				
	TRANSPORTER OIL		•	JAN 1 0 1972	
	GAS	-			
	PRORATION OFFICE	+		O. C. C.	
1.	Operator		 	A/FESIA SECTION	
	John DiPaolo	and Fil Naranjo			
	Address				
	Post Office B	ox 342, Roswell, New M	Other (Please explain)		
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Flease explain)		
	New Well Recompletion	Oil Dry Gas		·	
	Change in Ownership X	Casinghead Gas Condens			
	If change of ownership give name and address of previous owner	Guy A. Swartz, 2807 Ta	nglewood, San Angelo	, Texas 76901	
	·				
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Le	ease Lease No.	
	Lease Name	abo	Comp. End	eral or Fee Fee	
	Platt /	1-A Dayton Graybe			
		660 Feet From The South Line	e and 485 Feet Fro	om The West	
	Unit Letter M ;	DOO 1 eet 1 fom 1 mc			
	Line of Section 26 To	wnship 18 S. Range 26	E. , NMPM, Edd	y County	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which ap	proved copy of this form is to be sent)	
	Name of Authorized Transporter of Oi				
	The Permian Name of Authorized Transporter of Co	rsinghed Gas v or Dry Gas	P.O. Box 1183, Hous	proved copy of this form is to be sent)	
	Phillips Petr If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	M 26 18 S. 26 E.	No	gg is an an an an an an and areas in treat	
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	•	
	COMPLETION DATA		New Well Workover Deepen	Flug Back Same Restv. Diff. Restv.	
	Designate Type of Completi	on - (X)	New Well Workover Beepen	7.149 5462	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD					
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TOBING SIZE			
			<u>i </u>		
V.	TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)	
	Date First New Oil Run 10 1 dinks				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Plod. 1881-MC1/D				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIA	CERTIFICATE OF COMPLIANCE		RVATION COMMISSION	
Thereby, contify that the rules and regulations of the Oil Conservation		APPROVED JAN 2 0 1972 , 19			
	11	in compliance with RULE 1104.			
	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
	tests taken on the well in a	coordance with RULE 111.			
	J perior	Fitle)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply